



## Rider Education Recognition Program (RERP) Application

Business Name of Training Provider or Name of Military Base: \_\_\_\_\_

Training Provider Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (if mailing address is PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Office Phone Number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Office Fax Number: (     ) \_\_\_\_\_ Website: \_\_\_\_\_

**Select one of the options below:**

- ☐ I will use MSF's current Motorcycle Safety Course Waiver and Indemnification Form; or (for Rider's Edge sites) the MSF-approved Rider's Edge forms.
- ☐ I will use the Waiver and Indemnification Form required by my State or Military Program. (Must be reviewed by MSF; submit a copy).

List the daily operations contact(s). Along with the signatory to the RERP Agreement, these contacts are authorized to place orders with MSF.

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

I certify that the information listed above is correct. I understand that I must authorize any changes to the information listed on this application by submitting this form with a new signature and date executed below.

Official Signatory to RERP Agreement – Print Name \_\_\_\_\_ Title \_\_\_\_\_

Official Signatory to RERP Agreement – Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ E-mail \_\_\_\_\_

**Your State (or Military if applicable) Motorcycle Safety Program Coordinator must complete the section below.  
If your state does not have a Motorcycle Safety Program, send this application directly to MSF.**

**Type of Sponsor: (check one)**

<input type="checkbox"/> State Program	Training provided by the state entity responsible for motorcycle safety and education.
<input type="checkbox"/> State-Recognized Private	Private entity affiliated with the state entity responsible for motorcycle safety and education.
<input type="checkbox"/> Independent	1. A private entity not affiliated with the state entity responsible for motorcycle safety and education, or 2. A private entity that is operating in a state without a rider education program.
<input type="checkbox"/> Military	Training administered directly by a branch or base of the U.S. Armed Forces.
<input type="checkbox"/> Military Third Party	Training administered via direct contract with a branch of the U.S. Armed Forces.

For State Program and State-Recognized Private, the state coordinator's signature represents that the training provider is (or is affiliated with) the state entity responsible for motorcycle safety and education.

For Independent, the state coordinator's signature acknowledges his or her awareness of the application, although the provider is not affiliated with the state entity responsible for motorcycle safety and education.

State Coordinator - Print Name \_\_\_\_\_ Military Coordinator - Print Name \_\_\_\_\_

State Coordinator – Signature \_\_\_\_\_ Date \_\_\_\_\_ Military Coordinator – Signature \_\_\_\_\_ Date \_\_\_\_\_